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PATENT APPLICATION

Docket No. 5038-68

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MAR 26 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Damion SEARLS, et al.

Serial No. 09/899,520

Examiner: Zamani, Ali A.

Confirmation No. 9906

Filed: July 5, 2001

Group Art Unit: 2674

For: ERGONOMIC AUXILIARY SCREEN AND DISPLAY SUBSYSTEM FOR
PORTABLE HANDHELD DEVICES

Date: March 24, 2004

MAIL STOP NON FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Responsive to the Office Action dated January 30, 2004; please amend the application
as follows.

Claim amendments begin on page 2.

Remarks begin on page 10.

03/29/2004 AMONDAF1 00000044 131703 09899520

01 FC:1202

18.00 OP

02 FC:1201

10.00 DA

420.00 OP

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Signature


Beth A. Nichols

AMENDMENT

PAGE 1 OF 11

DOCKET NO. 5038-68
APPLICATION NO. 09/899,520

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PORTLAND, OREGON 97205(503) 222-3613
FAX: (503) 274-4622TO: Examiner Zamani
Group Art Unit 2674
U.S. Patent and Trademark Office

FAX: (703) 872-9314

FROM: Graciela G. Cowger

DATE: March 24, 2004

RE: Attorney Do. No. 5038-68

Number of pages (including this one): 14

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REMARKS:

In re patent application of: Damion Searls

Serial No. 09/899,520

For: ERGONOMIC AUXILIARY SCREEN AND DISPLAY SUBSYSTEM
FOR PORTABLE HANDHELD DEVICES

* Please see attached Amendment.

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Beth A. Nichols

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PATENT APPLICATION
Do. No. 5038-068

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Damion SEARLS, et al.

Serial No. 09/899,520

Examiner: Zamani, Ali A.

Confirmation No. 9906

Filed: July 5, 2001

Group Art Unit: 2674

For: ERGONOMIC AUXILIARY SCREEN AND DISPLAY SUBSYSTEM FOR
PORTABLE HANDHELD DEVICES

MAIL STOP FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

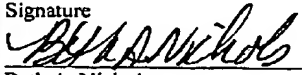
Alexandria, VA 22313-1450

Responsive to the Office Action dated January 30, 2004, enclosed is an amendment in the above-identified application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | |
|---|------------------------|-----------------|-------|----------|----------------|
| For: | Number After Amendment | Previous Number | Extra | Rate | Additional Fee |
| Total Claims | 33 | 32 | 1 | x \$18 = | \$18 |
| Independent Claims | 8 | 3 | 5 | x \$84 = | \$420 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$438 |


- ☒ PTO Form 2038 authorizing credit card payment for the above-listed fees is enclosed.
☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

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|--|

Respectfully submitted,

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